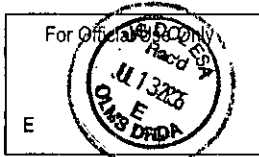


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Amended

1. File Number <b>U - 2172</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>David Heindel</b> P.O. Box, Bldg., Room No., if any Street <b>44945 Shore Drive</b> City <b>Tall Timbers</b> State <b>Maryland</b> ZIP Code + 4 <b>20690</b>	4. Name, file number, and address of labor organization. Name <b>United Industrial Workers</b> Labor Organization File Number <b>000-364</b> P.O. Box, Building and Room Number, if any Street <b>5201 Auth Way</b> City <b>Camp Springs</b> State <b>Maryland</b> ZIP Code + 4 <b>20746</b>
5. Position in labor organization. <b>Secretary Treasurer</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On <b>7/11/05</b> <b>301-859-0625</b> Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Buckbinder Tunick &amp; Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6116 Executive Blvd.

City Rockville

State Maryland ZIP Code + 4 20852

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Accounting Services

## 11.b. Approximate dollar value of such dealing.

\$27,918

## 12.a. Nature of interest held or income received.

Dinner for self and spouse.

## 12.b. Amount.

\$180

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Seafarers Vacation Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5201 Auth Way

City Camp Springs

State Maryland ZIP Code + 4 20746

## 14.a. Nature of payment.

Hotel and airfare paid directly by the Seafarers Vacation Plan (amount unknown) in connection with trustees meetings.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

Amended

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name David Heindel  P.O. Box, Bldg., Room No., if any  Street 44945 Shore Drive  City Tall Timbers  State Maryland ZIP Code + 4 20690	4. Name, file number, and address of labor organization.  Name Seafarers International Union of North America  Labor Organization File Number 000-014  P.O. Box, Building and Room Number, if any  Street 5201 Auth Way  City Camp Springs  State Maryland ZIP Code + 4 20746
5. Position in labor organization. Secretary Treasurer	

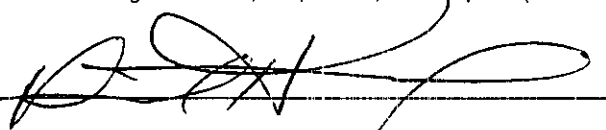
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7/11/05  
Date

301-898-0625  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Buckbinder Tunick &amp; Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6116 Executive Blvd.

City Rockville

State Maryland ZIP Code + 4 20852

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Accounting Services

## 11.b. Approximate dollar value of such dealing.

\$10,180

## 12.a. Nature of interest held or income received.

Dinner for self and spouse.

## 12.b. Amount.

\$180

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Seafarers Vacation Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5201 Auth Way

City Camp Springs

State Maryland ZIP Code + 4 20746

## 14.a. Nature of payment.

Hotel and airfare paid directly by the Seafarers Vacation Plan (amount unknown) in connection with trustees meetings.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

*Amended*

1. File Number U -	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name David Heindel  P.O. Box, Bldg., Room No., if any  Street 44945 Shore Drive  City Tall Timbers  State Maryland ZIP Code + 4 20690	4. Name, file number, and address of labor organization.  Name Seafarers International Union, AGLIWD  Labor Organization File Number 052-789  P.O. Box, Building and Room Number, if any  Street 5201 Auth Way  City Camp Springs  State Maryland ZIP Code + 4 20746
5. Position in labor organization. Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

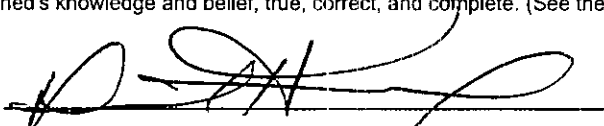
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7/11/05  
Date

301-899-0675  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Buckbinder Tunick &amp; Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6116 Executive Blvd.

City Rockville

State Maryland ZIP Code + 4 20852

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Accounting Services

11.b. Approximate dollar value of such dealing. \$103,928

## 12.a. Nature of interest held or income received.

Dinner for self and spouse.

12.b. Amount. \$180

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Seafarers Vacation Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5201 Auth Way

City Camp Springs

State Maryland ZIP Code + 4 20746

## 14.a. Nature of payment.

Hotel and airfare paid directly by the Seafarers Vacation Plan (amount unknown) in connection with trustees meetings.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Amended

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2004
3. Name and address of person filing. Name <input type="text"/> David <input type="text"/> Heindel  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 44945 Shore Drive  City <input type="text"/> Tall Timbers  State <input type="text"/> Maryland <input type="text"/> ZIP Code + 4 20690	4. Name, file number, and address of labor organization. Name <input type="text"/> Seafarers Entertainment & Allied Trades Union  Labor Organization File Number <input type="text"/> 540-032  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 5201 Auth Way  City <input type="text"/> Camp Springs  State <input type="text"/> Maryland <input type="text"/> ZIP Code + 4 20746
5. Position in labor organization. <input type="text"/> Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

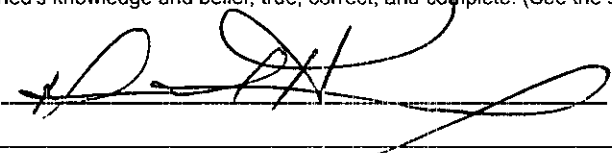
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>     7.b. Amount. <input type="text"/>
--	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7/11/05  
Date

301-859-0675

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Buckbinder Tunick &amp; Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6116 Executive Blvd.

City Rockville

State Maryland ZIP Code + 4 20852

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Accounting Services

## 11.b. Approximate dollar value of such dealing.

\$12,728

## 12.a. Nature of interest held or income received.

Dinner for self and spouse.

## 12.b. Amount.

\$180

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Seafarers Vacation Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5201 Auth Way

City Camp Springs

State Maryland ZIP Code + 4 20746

## 14.a. Nature of payment.

Hotel and airfare paid directly by the Seafarers Vacation Plan (amount unknown) in connection with trustees meetings.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.